

# Asbestos License Application/Renewal

## Abatement Supervisor (English/Spanish)

Toxic Substances Control Division  
Asbestos Licensing Section  
800/572-5548 or 512/834-6610  
Fax: 512-834-6644



FOR TDH USE ONLY:  
BUDGET: ZZ112  
FUND: 178  
REMIT #: \_\_\_\_\_

### For TDH Use Only:

Received Date: \_\_\_\_\_ Init. \_\_\_\_\_ Amt. Rcvd.: \_\_\_\_\_ Late Fee: 1.5 X 2 X  
Postmark Date: \_\_\_\_\_ FY: \_\_\_\_\_ Pymt Type: \_\_\_\_\_ Remit Date: \_\_\_\_\_  
Rvw. Date: \_\_\_\_\_ Init. \_\_\_\_\_ Last Doc. Rcvd. Date: \_\_\_\_\_  
Aprv. Date: \_\_\_\_\_ Init. \_\_\_\_\_ Print Date: \_\_\_\_\_ Init. \_\_\_\_\_  
Issue Date: \_\_\_\_\_ Init. \_\_\_\_\_ Mail Date: \_\_\_\_\_ Init. \_\_\_\_\_

**MAIL APPLICATION TO:** Texas Department of Health, Asbestos Program, PO Box 141097, Austin, Texas 78714-1097.

Place  
Photo  
Here

### If renewing:

Enter your current license/registration number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Applicant Name: (First, M.I., Last) Social Security # (optional) Telephone Number (including area code)  
Nombre, Otro nombre, Apellido Numero de Seguro Social (opcional) Numero de telefono (area de larga Distance)

Mailing Address (include apartment #) City State Zip Code  
Direccion de Domicilio (Incluir # de Apartamento) Ciudad Estado Codigo Postal

Date of Birth: (month/day/year) Place of birth Mother's Maiden Name  
Fecha de Nacimiento (mes/dia/ano) Lugar de Nacimiento Apellido de Soltera Materno

Company Affiliation (if applicable) Telephone Number (including area code)

Company Affiliation Address City State Zip Code

**CERTIFICATION:** I hereby certify that I have received a copy of the Texas Asbestos Health Protection Rules, have read and understand them, and agree to comply with them. I understand that it is a violation of TDH rules and a violation of the Texas Penal Code §37.10 to submit any false information, or forged or fraudulent documents in order to obtain a license. All information I have provided in this application is correct, complete, and true to the best of my knowledge. I also understand that, under the Privacy Act 5 USC §552(a), my social security number is being given voluntarily and may be used by the Asbestos Licensing Section to verify my identity.

Signature of Applicant  
Firma de solicitante

Date  
Fecha

Revised November 2003  
F18-11674-BIL

### PRIVACY NOTIFICATION/ NOTIFICACIÓN SOBRE PRIVACIDAD

With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See <http://www.tdh.state.tx.us> for more information on Privacy Notification. (Reference: Government Code, Section 552.021, 552.023, 559.003 and 559.004) / Tan solo por unas cuantas excepciones, usted tiene el derecho de solicitar y de ser informado sobre la información que el Estado de Texas reúne sobre usted. A usted se le debe conceder el derecho de recibir y revisar la información al requerirla. Usted también tiene el derecho de pedir que la agencia estatal corrija cualquier información que se ha determinado sea incorrecta. Diríjase a <http://www.tdh.state.tx.us> para más información sobre la Notificación sobre privacidad. (Referencia: Government Code, sección 552.021, 552.023, 559.003 y 559.004)

## Important Information

- ❖ A license is required for asbestos-related activities in accordance with 25 TAC §295.31-§295.73.
- ❖ Applicants completing EPA-accredited out-of-state training must submit a copy of initial and all refresher-training certificates and the 3-hour Texas law training course certificate.
- ❖ Applications will not be approved until all required documentation has been provided. **DO NOT PROVIDE ORIGINAL DOCUMENTATION. PLEASE PROVIDE COPIES ONLY.**
- ❖ Make sure you have completed all appropriate sections of this form. Sign and date the application and return it to the address shown at top of page 1.
- ❖ If your license, was never received or has been lost or stolen, you must submit an application for a duplicate asbestos license.
- ❖ Send a cashiers check or money order payable to the "Texas Department of Health - ZZ112-178." **DO NOT SEND CASH. LICENSE FEES ARE NON-REFUNDABLE.**

### **Fees:**

- ❖ New Asbestos Abatement Supervisor license: \$300.00
- ❖ Renewal fee: \$300.00
- ❖ A license that has expired for 90 days or less may renew the license with a fee of \$450.00.
- ❖ A license that has expired for more than 90 days but less than one year may renew with a fee of \$600.00.
- ❖ A license that has expired for one year or more may not renew the license. The person may obtain a new license by complying with the requirements and procedures, including the examination requirements, for obtaining an original license.

**The following documentation is required, in accordance with §295.46 of the Texas Asbestos Health Protection Rules:**

### **Requirements for a new license:**

1. A fee of \$300.00.
2. A one-inch by one-inch photograph of the face.
3. A copy of applicant's training certificate from a Department-approved training provider for the asbestos contractor/supervisor initial course.
4. A copy of the training identification card.
5. Proof of successfully passing the department examination for asbestos contractors and supervisors.
6. A copy of physician's statement of the required physical examination done within the past year as described in §295.42(e)(2) of this title (relating to Registration: Asbestos Abatement Workers) and submitted on the department's "Physician's Written Statement" form only.
7. Verifiable written documentation must be provided of at least 90 days of legally qualified work experience performed over a period of not less than 12 months and within the past 24 months. **Example format provided below.**
  - a. Start and completion dates of each project.
  - b. Name of project and address.
  - c. Project description and applicant's duties.
  - d. Name and telephone number of person to contact that can verify all information submitted regarding a particular project.

### **Requirements for license renewal:**

1. The required renewal fee. (See fees above).
2. A one-inch by one-inch photograph of the face.
3. A copy of applicants training certificate from a Department-approved training provider for the asbestos contractor/supervisor refresher course.
4. A copy of applicants training identification card.
5. A copy of physician's statement of the required physical examination done within the past year as described in §295.42(e)(2) of this title (relating to Registration: Asbestos Abatement Workers) and submitted on the department's "Physician's Written Statement" form only.

### **Sample Format for Asbestos Related Experience**

Start and Completion Dates Project Name, and Location	Project Description and Applicant's Duties	Contact Person Phone Number
5/12/99 - 6/30/99 City Public Service HQ 138 State St. Abilene, TX 79867	Supervised removal of pipe insulation and ducts. Set up, removal, personnel monitoring and bag out. Supervised removal of enclosure, and encapsulation of asbestos. Site preparation	Ron Howard 915/784-0987

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